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PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M87022** (3)

1. Corporation Name

**V & M MACHADO ESCAVATION SERVICES INC.**

Principal Place of Business

% VICTOR MACHADO  
3420 N.W. 95 TERR  
MIAMI FL 33147

Mailing Address

% VICTOR MACHADO  
3420 N.W. 95 TERR  
MIAMI FL 33147



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**MACHADO, VICTOR**  
3420 N.W. 95 TERRACE  
MIAMI FL 33147

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Section 612.002, Florida Statutes, the above named corporation, individual, this state or for the purpose of changing its registered office or registered agent, or both, in the State of Florida, State whose name and office or office of the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 612.004, Florida Statutes.

SIGNATURE *Victor machado*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: MACHADO, VICTOR STREET ADDRESS: 3420 N.W. 95 TERR CITY-STATE-ZIP: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is true, correct and of good faith. If the corporation is not in good faith, Florida Statutes, I further certify that the information and/or data are true, correct and of good faith. I further certify that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the person or persons authorized to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changes or deletions as indicated in the report.

SIGNATURE: *Victor machado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)